

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09437100

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	59					
TOTAL CLAIMS	63					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						